

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048567

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 3644

Registrar's No. 104

FILED DEC 30 1963

1. PLACE OF DEATH

a. COUNTY Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Lexington

Length of stay in 1b

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR ROUTE 1 three miles
INSTITUTION West of Lexington

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN Independence

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2203 1/2 Harris

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Nellie Irene Utt

4. DATE OF DEATH Month December Day 18 Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

December 1, 1915

9. AGE (last birthday)

48

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Factory work

10b. KIND OF BUSINESS OR INDUSTRY
Bakery

11. BIRTHPLACE (City and state or country)
Hodge Missouri

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Wm Ragsdale

13b. MOTHER'S MAIDEN NAME

Katie Rice

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

William Utt Independence, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fx skull. Fx cervical spine, massive hemorrhage
both pleural cavities Fx rt tibia + fibula

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

MO Pa Train struck car she was riding in
at a private crossing 3 miles west of Lexington, Mo

20c. TIME OF INJURY
Hour 5 a.m.
Month, Day, Year 12-18-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Railroad crossing

20f. CITY, TOWN, OR LOCATION

Lexington

COUNTY

Lafayette

STATE

Mo

21. I attended the deceased from after death, to her death and last saw her alive on never
Death occurred at 12-18-63 5 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr Martin MD Coroner

22b. ADDRESS

Odessa Mo

22c. DATE SIGNED

12-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

12-21-63

23c. NAME OF CEMETERY OR CREMATORY

Lexington Memory Gardens

23d. LOCATION (City, town, or county)

Lexington, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vaughn-Walker

Lexington Missouri

25. DATE RECD. BY LOCAL REG.

12-20-63

26. REGISTRAR'S SIGNATURE

Wm E. Eubank

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
0540
6-543
27005
3
4 1
5 3
6
7 0
8 2
9 X
10
11 054
12 91-3
13 12-20
2

JAN 30 1964

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Stanley Domijan, Student Embalmer No. 696
working under my personal supervision.

Student

Stanley Domijan
Signature of Student Embalmer

Signed

Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address

Lexington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Embalmed 20 Dec 1963